

Date	Invoice #
7/13/2012	222108

Ship To
HIGH POINT SURGERY 600 LINDSAY STREET HIGH POINT, NC 27262 ATTN: STEPHANIE SHARRONE

174704_112_1 DOJ_NECC000078016

7/11/12
eye drops



Prescription Order Form

697 Waverly Street, Framingham MA 01702
800.994.6322, 508.820.0606.
FAX 888.820.0583 or 508.820.1616

F-M
S.O

DATE: 7-11-2012

NAME OF FACILITY: HIGH POINT SURGERY CENTER

PHONE NUMBER: 336-878-6702

ADDRESS: 600 N. LINDSAY ST. HIGH POINT, NC 27262

CONTACT NAME: STEPHANIE SHARRONE

P.O. #: SC223715

Name of Patient

We must have Facility name & address to process your prescription order - Thank you.

Name of medication to be compounded

Strength
(%, mg/ml, u/ml)

If preservative-free, write in p/f

Unit size
(mL, gm...)

of units

Directions

- Elsa Bledsoe
- Charlie Harmon
- Robert Hudson
- William Moore
- Charlie Park
- Thomas Zarone
- Robert Upton
- Michelle Mayo
- Bobby Yates
- Judith Rodden
- Charlie Park
- Joe Williamson

DEPO MEDROL

80MG

PF

1ML

20

5/21/68

BK

Physician's Name/Signature: DR. ELLIOTT WILLIAMS

DEA Number: BH3996848

Verification: Institutional Agent: 1m4/Steph NECC Agent: S QB: ✓ Date: 7/13/12 Time: 8:56e

V102309

Ref: METHYLPRED
Dep:

Date: 13Jul12
Wgt: 1.00 LBS
DV:

SHIPPING: 8.40
SPECIAL: 1.01
HANDLING: 0.00
TOTAL: 9.41

Size: STANDARD OVERNIGHT
TRCK: 5336 0114 0589

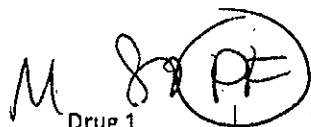
Jul 12, 2012 11:11AM

DOJ_NECC000078017



Pharmacist's Rx Order Verification Sheet

Please verify that the following are correct for this Rx Order

		Facility Name Facility Address			
Drug 1		Drug 2		Drug 3	
Medication		Medication		Medication	
Vial Size		Vial Size		Vial Size	
# of Units		# of Units		# of Units	
Lot # Matched		Lot # Matched		Lot # Matched	
Lab Reports Enclosed		Lab Reports Enclosed		Lab Reports Enclosed	
Drug 4		Drug 5		Drug 6	
Medication		Medication		Medication	
Vial Size		Vial Size		Vial Size	
# of Units		# of Units		# of Units	
Lot # Matched		Lot # Matched		Lot # Matched	
Lab Reports Enclosed		Lab Reports Enclosed		Lab Reports Enclosed	

Kathy S. Chin, RPh, PharmD
 Michelle L. Thomas, RPh, PharmD
 Barry J. Cadden, RPh
 Glenn. A. Chin, RPh
 J. Matt Evanosky, RPh
 Chris M. Leary, RPh, PharmD
 Gene V. Svirskiy, RPh, PharmD
 Alla V. Stepanets, RPh, PharmD



07/13/2012 - 07/13/2012

231566368

Shipped To Detail

07/13/2012

CAPE2531

Page: 1

TRACKING #	ACT	WG	SVC	PK	RECIPIENT CONTACT	COMPANY	ADDRESS 1	CITY	ST	ZIP	CUSTOMER REFERENCE
533601139593	1.00	SO	C		PHARMACY	LOVELACE MEDICAL	601 DR. MARTIN LUT	ALBUQUERQU	NM	87102	EDTA
533601139608	1.00	SO	C		PHARMACY DEPT	GADSDEN REGIONAL	1007 GOODYEAR AVEN	GADSDEN	AL	35903	METHOCARB
533601139836	1.00	2D	C		TRINA ROBINSON	HAILEY, BRODY, C	1218 WEST PACES FC	ATLANTA	GA	30327	GEL
533601139847	1.00	SO	C		PHARMACY	SUTTER ROSEVILLE	ONE MEDICAL PLAZA	ROSEVILLE	CA	95661	LET GEL, FUROS
533601139858	1.00	SO	C		PHARMACY	SUTTER ROSEVILLE	ONE MEDICAL PLAZA	ROSEVILLE	CA	95661	LET GEL, FUROS
533601139869	1.00	SO	C		PHARMACY	SUTTER ROSEVILLE	ONE MEDICAL PLAZA	ROSEVILLE	CA	95661	LET GEL, FUROS
533601139870	1.00	SO	C		PHARMACY	SUTTER ROSEVILLE	ONE MEDICAL PLAZA	ROSEVILLE	CA	95661	LET GEL, FUROS
533601139880	1.00	SO	C		CYNTHIA FOUTS	ST FRANCIS HOSP1	8111 SOUTH EMERSON	INDIANAPOL	IN	46237	CLIND-GENT
533601139891	1.00	SO	C		CYNTHIA FOUTS	ST FRANCIS HOSP1	8111 SOUTH EMERSON	INDIANAPOL	IN	46237	CLIND-GENT
533601139928	1.00	SO	C		NEIL SUZUKI	MUSCULOSKELETAL	9005 GRANT STREET,	THORNTON	CO	80229	BETA
533601139939	1.00	SO	C		CRYSTAL KANE	TODD HANDEL MD	100 HIGHLAND AVE,	PROVIDENCE	RI	02906	TRIAMC, SOD BICARB
533601139940	1.00	SO	C		PHARMACY	SOUTHWEST HEALTH	1400 EASTSIDE ROAD	PLATTEVILL	WI	53818	NALB
533601139950	1.00	SO	C		PHARMACY	BLACK HILLS SURG	216 ANAMARIA DRIVE	RAPID CITY	SD	57701	PROCH
533601139961	1.00	SO	C		JUDY AND/OR LINDA	NEWTON WELLESLEY	2000 WASHINGTON ST	NEWTON	MA	02462	TRIAMC, METHYLPRED, BUPI
533601139972	1.00	SO	C		DEANNA/SUE MINOR	NEUROMUSCULAR &	3988 W. ROYAL DRIV	TRAVERSE C	MI	49684	METHYLPRED
533601139983	1.00	SO	C		TERRY	OPHTHALMIC ASSOC	120 MAIN STREET	JOHNSTOWN	PA	15901	GLYC
533601139994	1.00	SO	C		KEITH MONJAK/ PHARMA	HENNEPIN COUNTY	901 SOUTH 6TH STRE	MIRNEAPOLI	MN	55415	VITA K
533601140005	1.00	SO	C		PAMELA VINCENT-MCCOR	ROCKINGHAM MEMOR	2010 HEALTH CAMPUS	HARRISONBU	VA	22801	HYDROXY
533601140016	1.00	SO	C		PHARMACY SERVICES	UNIVERSITY OF MI	1500 EAST MEDICAL	ANN ARBOR	MI	48109	THAM
533601140027	1.00	SO	C		PHARMACY/JIM COMPTON	NAVARRO REGIONAL	3201 WEST HIGHWAY	CORSICANA	TX	75110	POTASS CHLO, SOD BICARB,
533601140038	1.00	SO	C		UAMS Medical Center	UNIVERSITY OF AK	CANCER INSTITUTE P	Little Roc	AR	72205	MAG SULF
533601140049	1.00	SO	C		PHARMACY/DONNIE THOM	PHOENIX CHILDREN	1919 E. THOMAS ROA	PHOENIX	AZ	85016	PHENOL
533601140050	1.00	SO	C		BASEMENT PHARMACY	ATHENS REGIONAL	1199 PRINCE AVENUE	ATHENS	GA	30606	SOD BICARB
533601140060	1.00	SO	C		BASEMENT PHARMACY	ATHENS REGIONAL	1199 PRINCE AVENUE	ATHENS	GA	30606	SOD BICARB
533601140071	1.00	SO	C		BASEMENT PHARMACY	ATHENS REGIONAL	1199 PRINCE AVENUE	ATHENS	GA	30606	SOD BICARB
533601140082	1.00	SO	C		KEITH MOSS	HUNTSVILLE HOSP1	101 SIVLEY ROAD	HUNTSVILLE	AL	35801	FUROS
533601140093	1.00	SO	C		KEITH MOSS	HUNTSVILLE HOSP1	101 SIVLEY ROAD	HUNTSVILLE	AL	35801	FUROS
533601140106	1.00	SO	C		KEITH MOSS	HUNTSVILLE HOSP1	101 SIVLEY ROAD	HUNTSVILLE	AL	35801	FUROS
533601140119	1.00	SO	C		KEITH MOSS	HUNTSVILLE HOSP1	101 SIVLEY ROAD	HUNTSVILLE	AL	35801	FUROS
533601140130	1.00	SO	C		DR. DE SIO	THE DE SIO PAIN	452 LAKEHURST ROAD	TOMS RIVER	NJ	08755	TRIAMC
533601140141	1.00	2D	C		PHARMACY	ST. JOHN'S LUTHE	350 LOUISIANA AVEN	LIBBY	MT	59923	LET GEL
533601140152	1.00	SO	C		LYN SCHMIDT	MARION PAIN CLIN	1199 DELAWARE AVE,	MARTON	OH	43302	BETA, METHYLPRED
533601140163	1.00	SO	C		JESSICA KLUBERTANZ	COASTAL BEND PAT	1001 3RD STREET, S	CORPUS CHR	TX	78404	METHYLPRED
533601140255	1.00	SO	C		KEITH MOSS	HUNTSVILLE HOSP1	101 SIVLEY ROAD	HUNTSVILLE	AL	35801	FUROS
533601140266	1.00	SO	C		KEITH MOSS	HUNTSVILLE HOSP1	101 SIVLEY ROAD	HUNTSVILLE	AL	35801	FUROS
533601140277	1.00	SO	C		KEITH MOSS	HUNTSVILLE HOSP1	101 SIVLEY ROAD	HUNTSVILLE	AL	35801	FUROS
533601140288	1.00	SO	C		PHARMACY	BLUFFTON REGIONA	303 SOUTH MAIN STR	BLUFFTON	IN	46714	LET GEL
533601140299	1.00	PO	C		ATTN: PHARMACY	C/O EMERGENCY RO	ST JOSEPH REGIONAL	PLYMOUTH	IN	46563	DROPS
533601140303	10.00	PO	C		PHARMACY	NORTH CENTRAL BA	520 MADISON OAK DR	SAN ANTONI	TX	78258	POTASS CHL
533601140314	10.00	PO	C		PHARMACY	NORTH CENTRAL BA	520 MADISON OAK DR	SAN ANTONI	TX	78258	POTASS CHL
533601140325	10.00	PO	C		PHARMACY	NORTH CENTRAL BA	520 MADISON OAK DR	SAN ANTONI	TX	78258	POTASS CHL
533601140336	1.00	SO	C		PHARMACY	NORTH CENTRAL BA	520 MADISON OAK DR	SAN ANTONI	TX	78258	NALB
533601140369	1.00	SO	C		DEPT OF IPHTHALMOLOG	SUNY UPSTATE MED	750 EAST ADAMS STR	SYRACUSE	NY	13210	LET GEL
533601140370	1.00	SO	C		PHARMACY SERVICES	GREATER REGIONAL	1700 W. TOWNLINE	CRESTON	IA	50801	NALB
533601140380	1.00	SO	C		ZOILA HERNANDEZ	COMPREHENSIVE PA	5507 SOUTH CONGRES	ATLANTIS	FL	33462	BETA, OMNI
533601140391	1.00	SO	C		DR. BASU	SANS PAIN CLINIC	6850 N. DURANGO DR	LAS VEGAS	NV	89149	ISOVUE, BETA
533601140406	1.00	SO	C		MARK GIBBS	MONTGOMERY EYE C	700 NEAPOLITAN WAY	NAPLES	FL	34103	DAP
533601140417	1.00	2D	C		HEATHER JARDIN	AMERICAS VEIN CE	1407 SOUTH COUNTY	EAST GREEN	RI	02818	STS
533601140428	1.00	SO	C		RECEIVING DOCK	NC BAPTIST HOSP1	MEDICAL CENTER BLV	WINSTON SA	NC	27157	FUROS
533601140439	1.00	SO	C		RECEIVING DOCK	NC BAPTIST HOSP1	MEDICAL CENTER BLV	WINSTON SA	NC	27157	FUROS
533601140440	1.00	SO	C		RECEIVING DOCK	NC BAPTIST HOSP1	MEDICAL CENTER BLV	WINSTON SA	NC	27157	FUROS
533601140450	1.00	SO	C		PHARMACY DEPT.	CROUSE HOSPITAL	736 IRVING AVE	SYRACUSE	NY	13210	CIPRO/PRED
533601140461	1.00	SO	C		PHARMACY DEPT.	CROUSE HOSPITAL	736 IRVING AVE	SYRACUSE	NY	13210	POTASS CHLO
533601140472	1.00	SO	C		PHARMACY ROOM B 3280	VIRGINIA COMMONW	403 N 13TH STREET	RICHMOND	VA	23298	ACETY
533601140483	1.00	SO	C		PHARMACY ROOM B 3280	VIRGINIA COMMONW	403 N 13TH STREET	RICHMOND	VA	23298	ACETY
533601140494	1.00	SO	C		PHARMACY ROOM B 3280	VIRGINIA COMMONW	403 N 13TH STREET	RICHMOND	VA	23298	NALOX
533601140509	1.00	SO	C		PHARMACY ROOM B 3280	VIRGINIA COMMONW	403 N 13TH STREET	RICHMOND	VA	23298	NALOX
533601140510	1.00	SO	C		BETH	LAKE WORTH SURGI	7408 LAKE WORTH RD	LAKE WORTH	FL	33467	BUPIV
533601140520	1.00	SO	C		CHERYL	CHRISTIANA SPINE	1101 TWIN C LANE S	NEWARK	DE	19713	LIDO
533601140531	1.00	SO	C		NATALIE/MISTY	APOGEE OUTPATIEN	1238 WEST STREET	REDDING	CA	96001	TRIAMC
533601140542	1.00	SO	C		NATALIE WILSON	CAROLINA ORTHOPA	2165 MEDICAL PARK	HICKORY	NC	28602	TRIAMC
533601140553	1.00	SO	C		PHARMACY DEPARTMENT	CARROLL HOSPITAL	200 MEMORIAL AVE	WESTMINSTE	MD	21157	LET GEL, SULP.BLUE
533601140667	1.00	SO	C		DAVE SCHULTZ	RETINA ASSOCIATE	3920 BEE RIDGE ROA	SARASOTA	FL	34239	TRIAMC, DEX
533601140678	1.00	SO	C		ALICE COMERFORD, NP	OCEAN STATE PAIN	219 CASS AVE, SUIT	WOONSOCKET	RI	02895	METHYLPRED
533601140689	1.00	SO	C		STEPHANIE SHARRONE	HIGH POINT SURGE	600 LINDSAY STREET	HIGH POINT	NC	27262	METHYLPRED
533601140690	1.00	SO	C		KIM LATHAM	METHODIST SPORTS	201 PENNSYLVANIA P	INDIANAPOL	IN	46280	TRIAMC
533601140704	1.00	2D	C		KATHY BATES	INSTITUTE FOR NO	4109 NORTH FEDERAL	FORT LAUDE	FL	33308	METHYLPRED
533601140715	1.00	2D	C		MARY BETH HENDERSON	PHYSICIAN'S CENT	4600 SHELBYVILLE R	LOUISVILLE	KY	40207	CREAM
533601140726	1.00	SO	C		ATTN: PHARMACY - SU	NE ALABAMA REGIO	400 E. 10TH STREET	ANNISTON	AL	36207	POTASS PHOS

FOR 1415411 7/13/2012 BJC
ELSA BLEDSOE AGE
600 LINDSAY STREET HIGH POINT, NC 27262

ADDRESS \$60.00. CASH/ESTIMERS



METHYLPRED. AC (PF) 80MG/ML INJECTABLE
5 ML
ELLIOTT WILLIAMS MD BH3996848
HIGH POINT SURGERY 336-878-6702

NEW ENGLAND COMPOUNDING CTR
697 WAVERLY ST. FRAMINGHAM, MA 01702

800-994-6322 BN5927819 NABP #2237445
Caution: Federal law prohibits transfer of this drug to any other person than patient for whom prescribed.

Rx 1415411 ELLIOTT WILLIAMS MD

REFILL ELSA BLEDSOE
600 LINDSAY STREET HIGH POINT, NC 27262

DEA NO. METHYLPRED. AC (PF) 80MG/ML INJECTABLE
5 ML Lot# 05212012@68 Discard after 11/17/2012

USE AS DIRECTED

PHYSICIAN'S SIGNATURE SHAKE WELL *** PROTECT FROM
LIGHT ***

BJC No refills authorized

7/13/2012
INTERCHANGE IS MANDATED UNLESS THE PRACTITIONER
WRITES THE WORDS 'NO SUBSTITUTION' IN THIS SPACE

ADDRESS _____

FOR 1415416 7/13/2012 BJC
CHARLIE HARMON AGE 600 LINDSAY STREET HIGH POINT, NC 27262

ADDRESS \$60.00. CASH. CUSTOMERS



METHYLPRED. AC (PF) 80MG/ML INJECTABLE
5 ML
ELLIOTT WILLIAMS MD BH3996848
HIGH POINT SURGERY 336-878-6702

NEW ENGLAND COMPOUNDING CTR
697 WAVERLY ST. FRAMINGHAM, MA 01702

800-994-6322 BN5027819 NABP #2237445
Caution: Federal law prohibits transfer of this drug to any other person than patient for whom prescribed.

Rx 1415416 ELLIOTT WILLIAMS MD

REFILL CHARLIE HARMON
600 LINDSAY STREET HIGH POINT, NC 27262

DEA NO METHYLPRED. AC (PF) 80MG/ML INJECTABLE
5 ML Lot# 05212012@68 Discard after 11/17/2012

USE AS DIRECTED

PHYSICIAN'S SIGNATURE SHAKE WELL *** PROTECT FROM
LIGHT ***

BJC No refills authorized

7/13/2012
INTERCHANGE IS MANDATED UNLESS THE PRACTITIONER
WRITES THE WORDS "NO SUBSTITUTION" IN THIS SPACE

ADDRESS _____

FOR 1415419 7/13/2012 BJC
ROBERT HUDSON AGE 60
600 LINDSAY STREET HIGH POINT, NC 27262

ADDRESS \$60.00. CASH CUSTOMERS



METHYLPRED. AC (PF) 80MG/ML INJECTABLE
5 ML
ELLIOTT WILLIAMS MD BH3996848
HIGH POINT SURGERY 336-878-6702

NEW ENGLAND COMPOUNDING CTR
697 WAVERLY ST. FRAMINGHAM, MA 01702

800-994-6322 BN5927819 NABP #2237445
Caution: Federal law prohibits transfer of this drug to any other person than patient for whom prescribed.

Rx 1415419 ELLIOTT WILLIAMS MD

REFILL ROBERT HUDSON
600 LINDSAY STREET HIGH POINT, NC 27262

DEA NO METHYLPRED. AC (PF) 80MG/ML INJECTABLE
5 ML Lot# 05212012@68 Discard after 11/17/2012

USE AS DIRECTED

PHYSICIAN'S SIGNATURE SHAKE WELL *** PROTECT FROM LIGHT ***

BJC No refills authorized

7/13/2012
INTERCHANGE IS MANDATED UNLESS THE PRACTITIONER
WRITES THE WORDS "NO SUBSTITUTION" IN THIS SPACE

ADDRESS _____

FOR 1415424 7/13/2012 BJC
WILLIAM MOORE AGE 60
600 LINDSAY STREET HIGH POINT, NC 27262

ADDRESS \$60.00 CASH DATE STOMERS
METHYLPRED. AC (PF) 80MG/ML INJECTABLE
5 ML
ELLIOTT WILLIAMS MD BH3996848
HIGH POINT SURGERY 336-878-6702



NEW ENGLAND COMPOUNDING CTR
697 WAVERLY ST. FRAMINGHAM, MA 01702
800-994-6322 BN5927819 NABP #2237445
Caution: Federal law prohibits transfer of this drug to any other person than patient for whom prescribed.

Rx 1415424 ELLIOTT WILLIAMS MD

REFILL WILLIAM MOORE
600 LINDSAY STREET HIGH POINT, NC 27262
DEA NO METHYLPRED. AC (PF) 80MG/ML INJECTABLE
5 ML Lot# 05212012@68 Discard after 11/17/2012

USE AS DIRECTED
PHYSICIAN'S SIGNATURE SHAKE WELL *** PROTECT FROM
LIGHT ***

BJC No refills authorized 7/13/2012
INTERCHANGE IS MANDATED UNLESS THE PRACTITIONER
WRITES THE WORDS "NO SUBSTITUTION" IN THIS SPACE
ADDRESS _____

New England Compounding Center, Inc.
 PO Box 4146
 Woburn, MA 01888-4146
 Ph. 508-820-0606
 Fx. 508-820-1616

Invoice

Date	Invoice #
7/13/2012	222108

Bill To
HIGH POINT SURGERY CENTER PO Box 2476 HIGH POINT, NC 27261 ATTN: ACCOUNTS PAYABLE

Ship To
HIGH POINT SURGERY 600 LINDSAY STREET HIGH POINT, NC 27262 ATTN: STEPHANIE SHARRONE

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Account#
SC223715	Net 30	JT-S	7/13/2012	FEDEX		
Quantity	Item Code	Description			Price Each	Amount
20	METHYL 80/1 PF	METHYLPREDNISOLONE ACETATE (PF) 80			12.00	240.00
1	Shipping Charges	MG/ML INJECTABLE, 1 ML			20.00	20.00
!!!THANK YOU FOR YOUR ORDER!!!					Total	\$260.00
PLEASE PLACE INVOICE NUMBER ON PAYMENT					Credits	-\$260.00
					Balance Due	\$0.00



Searching database instance rec0 for Airbill # 533601140689 with a ship date of 07/13/2012 and a range of +/- 5 days.

PACKAGE DETAILS:

Tracking No:	533601140689	Ship Date:	07/13/2012
Shipper Account No:	231566368		
Reference No (SRN):	METHYLPRED		
Shipper:	NEW ENGLAND COMPOUNDING NEW ENGLAND COMPOUNDING CENTER 697 WAVERLY STREET FRAMINGHAM, MA 01702 US	Recipient:	STEPHANIE SHARRONE HIGH POINT SURGERY 600 LINDSAY STREET HIGH POINT, NC 27262 US

DELIVERY INFORMATION/SPOD Letter:

Signed For By:	L.CUMMINGS <i>L. Cummings</i>
Delivered to:	600 NORTH LINDSAY ST
Delivery Date:	07/16/2012
Delivery Time:	08:43

1 airbill(s) matched your query.

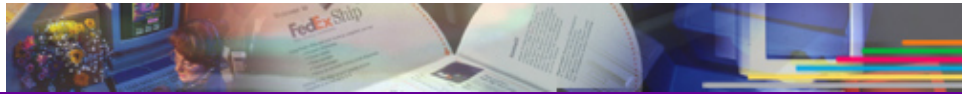
WEB Development by EDR (Electronic Delivery Record)

[Feedback](#)

Page updated: 21-NOV-2012

Access Count: 13551963

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Searching database instance rec0 for airbill # 533601140689 with a ship date of 20120713

AIRBILL_NBR:	533601140689
SEQUENCE_NBR:	2456122000
<u>FORM_CD:</u>	201
PICKUP_STATUS_CD:	00
MASTER_AIRBILL_NBR:	
SEP_ASSOCIATION_TYPE_CD:	
SEP_PKG_CREATE_DT:	14:30 07/13/2012
PICKUP_TMSTP:	14:15 07/13/2012
PICKUP_LOC_CD:	<u>AYEA</u>
PICKUP_EMPLOYEE_NBR:	
<u>SERVICE_TYPE_CD:</u>	05
<u>HANDLING_CODE_GRP:</u>	
<u>COMMITMENT_CD:</u>	A1
DEST_LOC_CD:	<u>FBGA</u>
SHIPPER_ACCOUNT_NBR:	231566368
<u>SHIPPER_COUNTRY_CD:</u>	US
SHIPPER_POSTAL_CD:	01702
SHIPPER_STATE_CD:	MA
SHIPPER_CUSTOMER_NM:	NEW ENGLAND COMPOUNDING
SHIPPER_COMPANY_NM:	NEW ENGLAND COMPOUNDING CENTER
SHIPPER_ADDRESS_DESC:	697 WAVERLY STREET
SHIPPER_ADDRESS2_DESC:	
SHIPPER_CITY_NM:	FRAMINGHAM
<u>RECIPIENT_COUNTRY_CD:</u>	US
RECIPIENT_POSTAL_CD:	27262
RECIPIENT_STATE_CD:	NC
RECIPIENT_CUSTOMER_NM:	STEPHANIE SHARRONE
RECIPIENT_COMPANY_NM:	HIGH POINT SURGERY
RECIPIENT_ADDRESS_DESC:	600 LINDSAY STREET
RECIPIENT_ADDRESS2_DESC:	
RECIPIENT_CITY_NM:	HIGH POINT
ACCOUNT_NBR:	
SHIPPER_REFERENCE_NBR:	METHYLPRED
DOCUMENT_CONTROL_NBR:	
DELIVERY (OR ATTEMPT) STATUS_CD:	Standard Delivery (POD 00)
SIGNATURE_REC_NBR:	PPNF1330455H
SIGNATURE_REC_LINE_NBR:	31
RECEIVER_NM:	L.CUMMINGS
PLACE_PACKAGE_LEFT_CD:	Reception/Front Desk (1)
DELIVERY (OR ATTEMPT) TMSTP:	08:43 07/16/2012
DELIVERY_ADDRESS_DESC:	600 NORTH LINDSAY ST
DELIVERY_ADDRESS2_DESC:	

DELIVERY (OR ATTEMPT) ROUTE_NBR: 335
DELIVERY (OR ATTEMPT) COURIER_ID: 114720
DELIVERY_COMMENT_DESC:
RELEASE_FLG:
EXCEPTION_HISTORY_GRP:
UPDATE_QTY:
LAST_UPDATE_TMSTP:
TIMEZONE_CHANGE_CD:

WEB Development by EDR (Electronic Delivery Record)

[Feedback](#)

Page updated: 21-NOV-2012

Access Count: 9308412

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Payment Receipt

New England Compounding Center, Inc.

PO Box 4146

Woburn, MA 01888-4146

Ph. 508-820-0606

Fx. 508-820-1616

Received From:

HIGH POINT SURGERY

HIGH POINT SURGERY CENTER

PO Box 2476

HIGH POINT, NC 27261

ATTN: ACCOUNTS PAYABLE

Date Received 08/23/2012

Payment Amount \$960.00

Payment Method Check

Check/Ref. No. 6382 08/15/12

Invoices Paid

Date	Number	Amount Applied
07/13/2012	222108	-\$260.00
08/08/2012	225055	-\$80.00
08/08/2012	225094	-\$620.00

INTERVENTIONAL REHABILITATION
CENTER LLC
P.O. BOX 30695
PENSACOLA, FL 32303-1696

8/16/2012

PAY TO THE ORDER OF New England Compounding Center \$**670.00

Six Hundred Seventy and 00/100

New England Compounding Center
P O Box 4146
Woburn, MA 01888-4146

MEMO INV #212686

011601 1267084199 1214888468

Date:20120823 Check:011601 Account:1214888468 Amount:670.00

AUG 23 2012 00073-T008 <211371227>
LIGHTHOUSE PAYMENT SERVICES
ABSENCE OF ENDORSEMENT GUARANTEED

Date:20120823 Check:011601 Account:1214888468 Amount:670.00

WARNING: DOCUMENT CONTAINS INVISIBLE PAPER FIBERS, A COLORED BACKGROUND AND WATERMARK ON REVERSE

PROPER STRANCOIS HEALTHCARE

Operating Account
316 Calhoun Street
Charleston, SC 29401

Check No: 1565244
Date: 8/17/2012

NET PAY \$720.00

VOID AFTER 60 DAYS

Pay SEVEN HUNDRED AND TWENTY DOLLARS

To the order of NEW ENGLAND COMPOUNDING CENTER INC
PO BOX 4146
WOBURN, MA 01888-4146

001565244 0053207766 2001003446134

AUG 23 2012 00073-T007 <211371227>
LIGHTHOUSE PAYMENT SERVICES
ABSENCE OF ENDORSEMENT GUARANTEED

Date:20120823 Check:001565244 Account:2001003446134 Amount:720.00 Date:20120823 Check:001565244 Account:2001003446134 Amount:720.00

THIS DOCUMENT IS PRINTED WITH NO COLORED BACKGROUND UNLESS BLUE AND GREEN ARE PRESENT

CHECK NO: 6382
DATE: 08/15/12

PAY Nine Hundred Sixty and 00/100 Dollars

NEW ENGLAND COMPOUNDING CENTER INC
PO BOX 4146
WOBURN, MA 01888-4146

00006382 0053100300 004012377460

AUG 23 2012 00073-T008 <211371227>
LIGHTHOUSE PAYMENT SERVICES
ABSENCE OF ENDORSEMENT GUARANTEED

Date:20120823 Check:00006382 Account:004012377460 Amount:960.00 Date:20120823 Check:00006382 Account:004012377460 Amount:960.00

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM

PARTNERS

DATE: 08/20/2012

AMOUNT \$9,965.00

PAY Nine Thousand Nine Hundred Sixty-Five and 00/100 Dollars

TO THE ORDER OF NEW ENGLAND COMPOUNDING CENTER INC
PO BOX 4146
WOBURN, MA

0004544551 0011201539 000080056978

AUG 23 2012 00073-T009 <211371227>
LIGHTHOUSE PAYMENT SERVICES
ABSENCE OF ENDORSEMENT GUARANTEED

Date:20120823 Check:0004544551 Account:000080056978 Amount:9960.00 Date:20120823 Check:0004544551 Account:000080056978 Amount:9960.00

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM

PALMETTO HEALTH

DATE: 08/16/2012

CHECK NUMBER: 547745

AMOUNT \$1,108.00

PAY ONE THOUSAND ONE HUNDRED EIGHT DOLLARS AND ZERO CENTS

TO THE ORDER OF New England Compounding Ctr
PO Box 4146
Woburn, MA 01888-4146

000547745 0111901302 002330939577

AUG 23 2012 00073-T010 <211371227>
LIGHTHOUSE PAYMENT SERVICES
ABSENCE OF ENDORSEMENT GUARANTEED

Date:20120823 Check:000547745 Account:002330939577 Amount:1108.00 Date:20120823 Check:000547745 Account:002330939577 Amount:1108.00